

L07000094038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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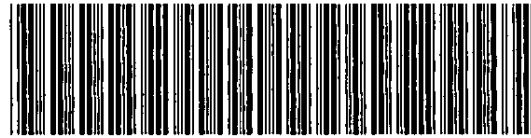
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. HAMPTON

OCT - 1 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crown Group Liquidation, L.L.C.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Koegel
(Name of Person)

Crown Group Liquidation, L.L.C.
(Firm/Company)

875 Currency Circle
(Address)

Lake Mary, Florida 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

John A. Koegel at (407) 268-7401
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 SEP 30 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 23, 2008

JOHN A KOEGEL
875 CURRENCY CIR
LAKE MARY, FL 32746

SUBJECT: CROWN GROUP LIQUIDATION, L.L.C.
Ref. Number: L07000094038

We have received your document for CROWN GROUP LIQUIDATION, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00051256

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Crown Group Liquidation, L.L.C.

2. (a) Principal office address of limited liability company: 875 Currency Circle
(Note: MUST BE STREET ADDRESS) Lake Mary, Florida 32746

(b) Mailing address of limited liability company: 875 Currency Circle
(Note: MAY BE POST OFFICE BOX) Lake Mary, Florida 32746

9/13/2007

L07000094038

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John A. Koegel

Registered Office Address: 215 N. Westmonte Drive
Altamonte Springs, Florida 32714

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 3302 Tala Loop
(MUST BE FLORIDA STREET ADDRESS) Longwood FL 32779

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John A. Koegel, Manager
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA